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HEADQUARTERS  
UNITED STATES ARMY FORCES IN THE FAR EAST  
OFFICE OF THE THEATER SURGEON

CIRCULAR LETTER NO. 4

APC 501  
13 January 1945

CURRENT STATISTICAL HEALTH REPORTS

1. CENTRAL MEDICAL RECORDS OFFICE, for reports, records and statistics of the Medical Department in the Wouthwest Pacific Area, is located in the Office of the Chief Surgeon, Hq. USASOS, APC 707. The following instructions are prepared in accordance with letter, this headquarters, Subject: Medical Department Reports, File FEEM 321 dated 2 August 1944.

2. The current Statistical Health Reports will be prepared and submitted to Central Medical Records Office in accordance with AR 40-1080, 10 December 1943, changes 1, 2 and 3, Circular No. 43, War Department 1944, War Department Technical Bulletin No. 92 1944, and the following adaptations essential to this theater.

3. Major Commands as used in the following paragraphs will be interpreted to mean: Sixth Army, Eighth Army, Far East Air Force, USASOS Bases, Base Section USASOS, 14th Antiaircraft Command, Replacement Command USAFFE, and separate Corps, Brigades or units.

4. In accordance with paragraphs 6b (2), 7b (2) and 16, AR 40-1080, and Memorandum, Surgeon General's Office, Washington, D.C., subject: Statistical Health Report, Form 86ab from South Pacific and Southwest Pacific Theaters of Operations, dated 25 September 1943, the Senior Surgeon of Major Commands will consolidate the weekly and monthly Statistical Health Reports, when applicable, by areas as follows: (1) Australian Mainland, (2) New Guinea and nearby islands and (3) Philippine Islands.

a. The weekly Abbreviated Statistical Health Report will be submitted for the period ending midnight, Friday, by 12 noon Saturday, via Air Safehand Courier. Radiograms will not be used, except in remote areas in which no other rapid means of communication is available, and in these cases, a confirmatory copy will not be mailed.

b. Weekly Abbreviated Reports from subordinate units will not be transmitted to Central Medical Records Office after consolidation by Major Commands.

c. The Surgeon of every unit will prepare the Monthly Statistical Health Report in triplicate, to include data for a 4 or 5 week period, as the case may be, ending midnight of the last Friday of the month and will be forwarded within 36 hours from end of report period.

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- (1) The original will be forwarded through medical channels for consolidation in such administrative offices as may be directed by the Surgeons of the Major Commands.
- (2) One copy of each unit's monthly report will be forwarded direct to Central Medical Records Office.
- (3) One copy will be retained by the reporting unit.

d. The monthly Consolidated Statistical Health Report of the Major Commands will be forwarded to Central Medical Records Office within 15 days of the end of the report period. When a unit report is received too late for inclusion in the consolidated report, this fact along with the approximate strength of the units not incorporated in the consolidated report will be recorded under "Remarks" or on an attached sheet. A corrected consolidated report is required after all such unit reports have been received. Much value of the report lies in its prompt rendition. The responsible officer, therefore, will make sure that the report is submitted when due by each unit under his administrative control.

3. Paragraph 8a, AR 40-1080, is further qualified to read as follows: The abbreviated report will include all items marked on 86ab with an asterisk (\*); and of the communicable diseases marked with an asterisk (Part IX on the form), only typhus, malaria, dengue, diarrheal diseases, fever of undetermined origin, infectious hepatitis and those which are threatening epidemic proportions will be reported. Consolidated Abbreviated Reports will include breakdowns of communicable disease by Major Commands and areas as follows:

Breakdown of Cases of Communicable Disease by Commands:

	SIXTH ARMY	EIGHTH ARMY	FEAF	8TH REP. COMMAND	14444	USASOS	OTHERS
Malaria							
Dengue							
Diarrheal Diseases							
Typhus							
TUO							
Infectious hepatitis							
Others							



Breakdown of total cases of Communicable Diseases by Principal Areas. The geographical areas will vary in accordance with the Military Situation and distribution of troops:

	HORLANDIA	AITAPE	BIAK	LEYTE	CEBU	MINDORO
Malaria	20	6	8	32	6	15
Dengue	10	3	4	16	3	8
Diarrheal Diseases	20	6	8	32	6	15
Typhus	2	4	15	3	0	0
FUO	10	2	3	12	20	18

\* Any communicable or parasite disease of unusual prevalence or epidemic proportions. Example: influenza, poliomyelitis, schistosomiasis, etc.

4. Paragraph 8c is further qualified as follows: Hospital Bed Status: Weekly Abbreviated Consolidated Health Reports will show breakdown of P (Normal and expansion bed capacity) and Q (Normal and expansion beds occupied) for each hospital and unit functioning as a hospital, as follows:

	FIXED		NONFIXED		CONVALESCENT FACILITIES	
	P	Q	P	Q	P	Q
469 Station Hospital	625	322				
98 General Hospital	1885	1792				
13 Field Hospital	672	618				
566 Evacuation Hosp.			895	612		
91 Port Surg			63	52		
67 Collecting Bn.			360	336		
68 Clearing Company			210	196		
69 Medical Bn.			162	147		
Others						
Convalescent 561 Center					2500	1962



5. Paragraph 10, AR 40-1080 is further qualified as follows: FINAL, CORRECTED, AND INITIAL REPORTS. - Statistical reports, when rendered should be properly designated according to phase of organizational activity, purpose or time interval; viz: The INITIAL REPORT: CORRECTED REPORT: FINAL REPORT AND ROUTINE MONTHLY REPORT.

a. In submitting any of the first three, the type of report applicable is shown by typing in the correct title immediately below the heading "STATISTICAL HEALTH REPORT".

b. INITIAL REPORTS will be rendered by each new unit immediately upon arrival or activation in the Southwest Pacific Area, and by each unit upon change of command from one to another of the Major Commands.

c. FINAL REPORTS will be rendered by units being inactivated or departing from the S.W.P.A., and by each unit upon change of command from one to another of the Major Commands. Care must be taken to see that the FINAL REPORT is correct in every detail as the necessary data to compile the report may become lost or delayed.

6. Paragraph 23, AR 40-1080, is further qualified as follows:

a. PATIENTS IN OTHER THAN U. S. ARMY HOSPITALS. U. S. Army personnel admitted to AUSTRALIAN CIVILIAN OR MILITARY HOSPITALS, or other CIVILIAN HOSPITALS, or U. S. NAVY HOSPITALS (When U.S. Army hospitalization is not available) will be disposed of on the unit dispensary Statistical Report 86ab, as though the patient were in a U.S. Army hospital. The nearest U.S. Army Hospital will account for the patient exactly as though the patient were in the U. S. Army Hospital, except that the patient will not be shown in the table "Total Beds Occupied on Last Day of Period" or in Table "(Q) Bed Status" but instead the name of the Australian hospital or Navy Hospital and the name, rank and serial number of the U. S. Army patient will be shown under "Remarks".

7. Paragraphs 29 b and c, AR 40-1080, are further qualified as follows:

a. Psychiatric Cases - These will include Army patients with psychoneurosis (commonly, but improperly called neurosis, neurasthenia, "shell shock", battle reaction, anxiety state, hysteria), psychosis, constitutional psychopathic state, mental deficiency, alcoholism, drug addiction, habit disturbance, post traumatic states, simple adult maladjustment, "No disease, ill defined condition of the personality, manifested by \_\_\_\_\_", other diseases of the personality situational reaction or other psychiatric disorder not classifiable as organic neurological. Cases occurring in combat which are diagnosed, without qualification, as "exhaustion", "operational fatigue", "flying fatigue", etc. will be reported as psychiatric diseases, and will not be counted, therefore, as battle casualties.

b. Organic Neurological Diseases - These will include Army patients with amyotrophic lateral sclerosis, brain (abscess of, injury of, tumor of) cerebral vascular accident (hemorrhage or thrombosis), chorea, combined system disease, encephalopathy, encephalitis, encephalomyelitis, encephalomyelopathy, epilepsy, extrapyramidal system disease, headache,



herpes, hydrocephalus, meningitis, Menieres disease, migraine, multiple sclerosis, myasthenia gravis, myelitis, myelopathy, narcolepsy, neuritis, "No disease, ill defined condition of nervous system, manifested by \_\_\_\_\_", poliomyelitis, polyneuritis, progressive muscular atrophy, progressive muscular dystrophy, spinal cord (tumor of), syphilis (tertiary neurosyphilis), syringomyelia, etc.

8. With reference to Paragraph 29 and 34, AR 40-1080, the number of communicable diseases and neuropsychiatric diseases reported on the weekly Abbreviated Report should agree with those reported on the monthly Statistical Health Report. The number of communicable and neuropsychiatric diseases reported on the monthly Statistical Health Report should agree (as near as possible taking into consideration difference of time interval of the two reports) with those reported on the Field Medical Records of the Sick and Wounded Report.

a. Due to insufficient time to arrive at a correct diagnosis, communicable diseases and neuropsychiatric cases informally transferred from dispensaries, or similar medical units will not be reported in the tabulation of communicable diseases (Part IX) by transferring unit, but will be reported by the receiving unit (hospital or similar medical unit) under "Cases added by direct admission, informal transfer, and change of diagnosis" (Column 2, Part IX).

9. Paragraph 34 is further qualified by extracts from War Department Technical Bulletin Med. 92 as follows:

a. "It is important that reporting of communicable diseases be accurate and complete as possible." "In some instances, the admission diagnosis is hastily made and may be changed within 24 to 48 hours after admission. When change is made before the closing date of the report, the revised diagnosis, rather than the admission diagnosis will be entered in the Statistical Health Report."

10. Special diseases not listed. - Under this heading will be included important communicable diseases not listed on the form. Among the diseases to be reported under this heading are anthrax, blackwater fever, cholera, coccidioidomycosis, infectious encephalitis, gas gangrene, leprosy, lymphocytic choriomeningitis, plague, rabies, Rocky Mountain spotted fever, smallpox, trachoma, trichinosis, tsutsugamushi fever, tularemia, undulant fever, Weil's disease, yellow fever, and all other communicable tropical diseases. The following conditions, while not communicable, will nevertheless be shown: trench foot, immersion foot, and nutritional diseases.

11. Paragraph 36c (2) AR 40-1080, Change 2, Hospitalization, will be followed instead of instructions previously given by Central Medical Records Office.

a. Paragraph 36c (2) AR 40-1080, Change 2 reads as follows:

"For nonfixed hospitals and for numbered fixed hospitals the Normal bed capacity will be that specified by their respective Tables of Organization, regardless of whether or not the beds are actually set up."



b. Paragraph 36 d (2), AR 40-1080, Change 2, reads as follows:

"For nonfixed hospitals and for fixed hospitals overseas, expansion or excess T/O bed capacities refer to the additional equipment which is considered adequate or adaptable for hospitalization, (beds that are supported by adequate equipment)."

c. Paragraph 36i, AR 40-1080, Change 2 reads as follows:

"Beds in dispensaries. - The number of beds set up and made ready for use in dispensaries and the number of such beds occupied on the last day of the report period will not be included in the tabulation of "Bed Capacity", and "Beds occupied" (Part VII), or "Patients Occupying Beds" (Part IV), but will be shown only in "Remarks" (Part VII), and in no other place on the form. The information will be entered as: Dispensary Beds                     , Dispensary Beds Occupied                     .  
(number) (number)

12. Line 38, "Remarks" on Monthly Statistical Health Report, will include the following:

a. Anything on Form 86ab that needs amplifying.

b. Cause of deaths entered on Line 9 (J) of report.

(1) Specify cause of death using prescribed nomenclature.

(2) The name, grade, serial number, organization and date of death is essential for all deaths.

(3) When a death results from an injury, the character of the injury as well as the cause and means will be stated, qualified as: Suicidal, homicidal, judicial or accidental.

(4) The primary disease or the cause of the injury which ultimately resulted in death should be given along with the immediate cause of death.

(a) Example:

1. Measles	Primary cause
Bronchopneumonia	Complicating cause.
Acute cardiac dilation	Immediate cause.
2. Automobile accident	Primary cause.
Basal skull fracture	Immediate cause.

c. U.S. Army personnel in Australian hospitals.

d. Breakdown of Command (Part I, Mean Strength, Form Statistical Health Report). The mean strength of each unit included in the report will



be broken down as follows:

	<u>Total Strength</u>
194th Engineers	914
998th Signal Service Company	218

e. Explanation of Line (8) on report form "Transferred": Inter-hospital, interbase transfers and evacuations will be broken down as follows:

	<u>Disease</u>	<u>Injury</u>	<u>Battle Casualty</u>
Trfd to 106 General Hospital	60	15	40
Trfd to 949 Field Hospital	25	5	10
Evacuated to Base K	160	60	100
Evacuated to New Guinea	150	50	50
Evacuated to Australia	1	0	0
Evacuated to U. S.	200	100	50
Evacuated to Central Pacific	300	100	100
Evacuated to Hospital Ship	400	200	150
(destination unknown)			

f. Communicable disease among civilians, U. S. Navy or Marines (with the command) will be shown under "Remarks" Line 38, but will not be shown in Part IX, Communicable Disease of the Statistical Report.

g. Change of diagnosis as the result of Formal Transfer - When the diagnosis of a communicable disease is not concurred in by the receiving hospital, this fact will be noted under "Remarks" Line 38 and the case will be taken up under the new classification in Column 2, Part IX of the form.

13. Paragraph 38, AR 40-1080 is further qualified as follows: In cases of unusual epidemic diseases or when any communicable disease prevails to an unusual extent, a radiographic report will be sent to the Commanding General, United States Army Forces in the Far East, with information copies to the Commanders of Intermediate Commands and to the Commanding General of the Major Commands (Army Air Forces, Service of Supply, etc.). This radiogram will include number of cases, diagnosis and the geographic location of the outbreak.

s/ Guy B. Denit  
t/ GUY B. DENIT  
Brigadier General, U.S. Army  
Theater Surgeon

Distribution:

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